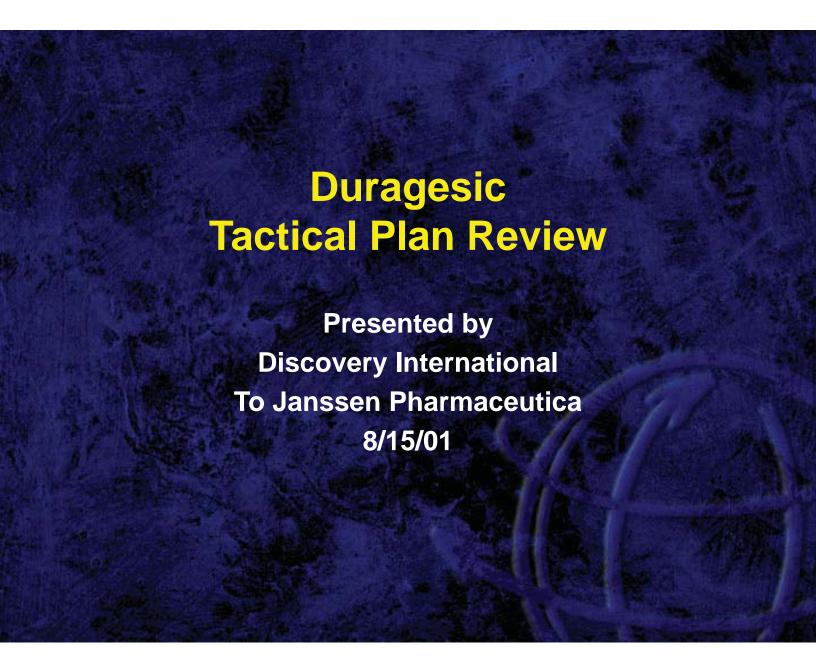
PSJ3 Exhibit 81



Discovery International

Key Strategies and Supporting Tactics

- 1. Competitive S.O.V.
 - Publication plan
 - Congress and association presence
- 2. Expand Duragesic use in non-malignant pain
 - National CME initiative
 - KOL development and management plan
 - IVR initiative/pilot program
 - Grand rounds and LELs (speakers bureau)
 - Preceptorships and mentoring programs
- 3. Position Duragesic as 1st opioid choice for chronic ATC pain
 - Establishing the baseline/foundation concept
 - Therapeutic decision model
 - Faculty building
- 4. Generate awareness and call to action among patients/caregivers
 - National CME initiative
 - DTP Physician Alert

Key Strategies and Supporting Tactics

- 5. Protect established segments (oncology, geriatrics)
 - National CME initiative
 - KOL (oncology) development and management
 - Grand rounds and LELs (speakers bureau)
 - Preceptorships
- 6. Maximize life cycle opportunities
 - Positioning (PROSPA) and messaging (MERCURA) for 12.5 mcg., project Block, and matrix patch
- 7. Blunt competitive entries
 - Activity to niche new entries (reverse exercises with PROSPA and MERCURA)

Agenda

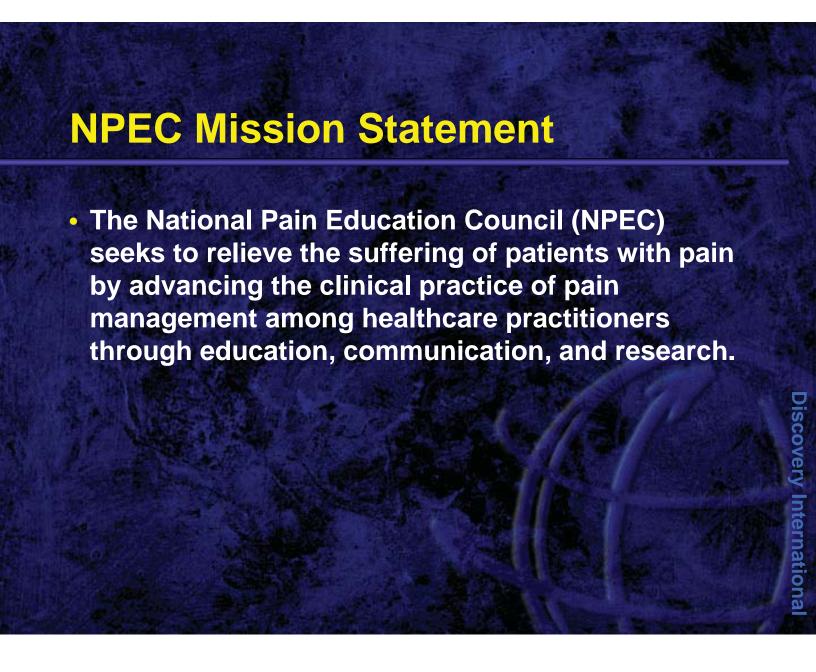
- NPEC program and deliverables
- Strategic planning and communications support
- Duragesic experts meeting and slide kit
- Duragesic speaker bureau
- Sales support video series: the pain chronicles
- Publications plan
- Therapeutic decision tree models
- Regional advisory boards
- DTP physician alert
- Outreach programs: grand rounds; preceptorships
- Positioning and Messaging: Prospa, Mercura, Insignia, and Excelerata initiatives

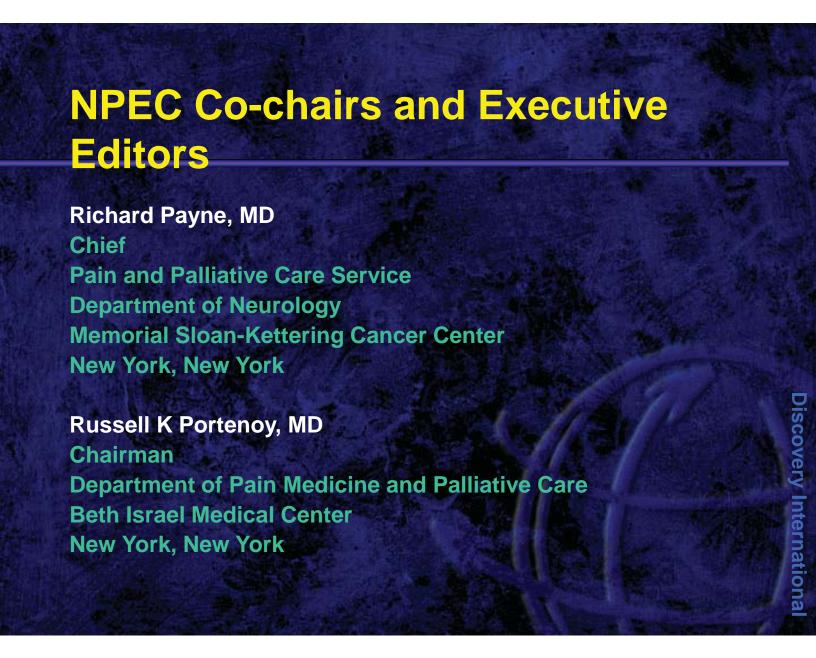
Organizational Structure: NPEC and CME Program Components



National Pain Education Council

- Comprised of nationally recognized authorities on pain management
- Develops and disseminates comprehensive curriculum on opioid use in pain management
- Endorsed by the APS, AAPM and other pertinent medical societies
- AMA category I and AAFP credit provided to participating physicians for continuing medical education





NPEC Executive Curriculum Committee

Oncology

Janet Abrahm, MD

Director, Pain and Palliative Care Program
Department of Adult Oncology
Dana-Farber Cancer Institute
Associate Professor of Medicine
Harvard Medical School
Boston, Massachusetts

Family Medicine

Richard L Brown, MD, MPH

Department of Family Medicine University of Wisconsin Medical School Madison, Wisconsin

Pharmacology

June Dahl, PhD U of Wis JACHO

Anesthesiology

Perry G Fine, MD

Director, Pain Management Center University of Utah Health Science Center Salt Lake City, Utah

Nursing

Judith A Paice, PhD, RN, FAAN

Research Professor of Medicine Northwestern University Medical School Chicago, Illinois

Psychology/Abuse

Steven D Passik, PhD

Oncology Symptom Control Research Community Cancer Care, Inc Indianapolis, Indiana

NPEC Peer Review Committee

Anesthesiologist

Michael A Ashburn, MD, MPH

Department of Anesthesiology University of Utah

Rheumatology

Robert Bennett, MD University of Oregon Health Science Center

Psychiatry

William Breitbart, MD Memorial Sloan Kettering

Physiatry

Michael Brennan, MD Private Practice Connecticut

Pain Medicine/Oncology

Daniel Brookoff, MD, PhD

Associate Director
Comprehensive Pain
Institute

Anesthesiology

Daniel Carr, MD

Anesthesia Department

New England Med Center

Boston, Massachusetts

Oncology

Charles S Cleeland, PhD

McCullough Professor of Cancer Research Director, Pain Research

Group
MD Anderson Cancer
Center

Oncology

Kathleen Foley, MD

Memorial Sloan-Kettering Cancer Center New York, New York

Pharmacy

Jeffrey Fudin, PharmD

Pharmacy Director
Veterans Administration
Medical Center
Albany, New York

Psychiatry

Rollin Gallagher, MD
Director
Pain Medicine
MCP Hahnemann
University
Philadelphia

David Joranssan, MD University of Wisconsin School of Medicine

School of Medicine Madison, Wisconsin

Managed Care (FP)

Bill McCarberg, MD
Medical Director
Kaiser-California
Escondido, California

Nursing

Christine Miaskowski, PhD, RN

Department of Physiological Nursing University of California, San Francisco

Family Medicine Cathy Pipas, MD

Dartmouth University School of Medicine Hanover, New Hampshire

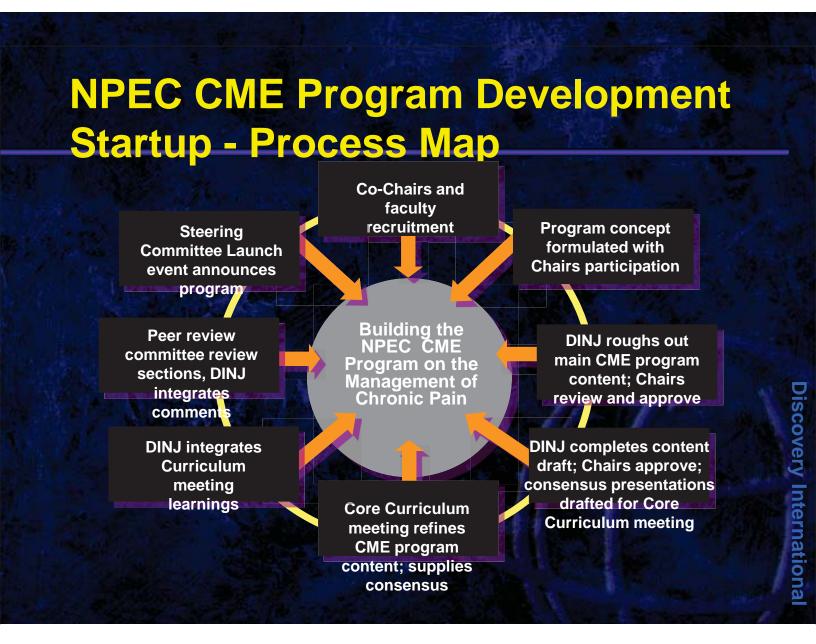
Psychiatry

Albert Ray, MD Miami Pain Medicine Center Miami, Florida

Anesthesiology

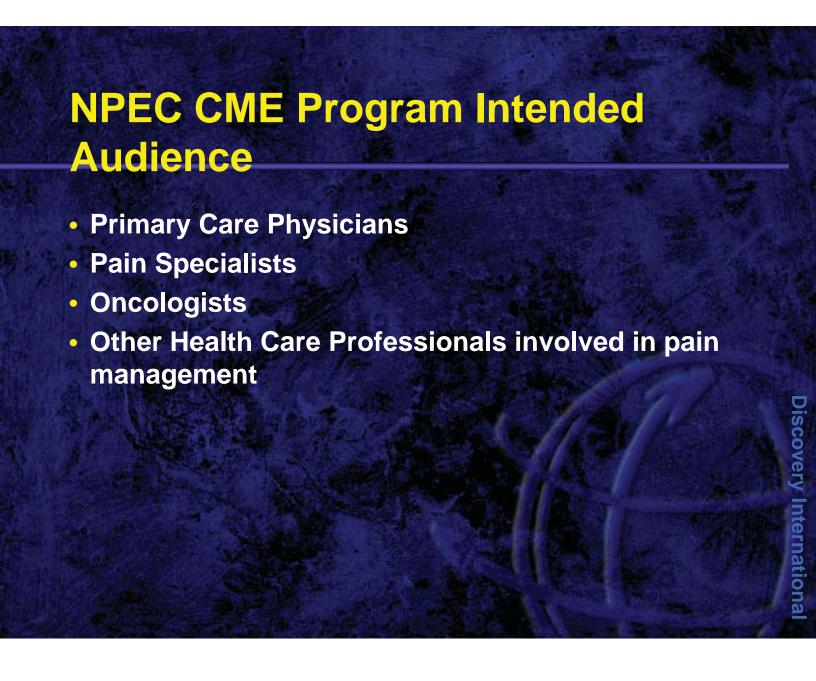
Peter Staats, MD Director

Division of Pain
Management
Johns Hopkins University
School of Medicine
Baltimore Maryland



NPEC Core Curriculum CME Program Planning Meeting

- November 2 3, 2001
- NYC Venue
- Conducted by Co-chairs (2) with participation from Executive Curriculum Committee (n=6)
- Objectives:
 - Establish consensus on the need for and appropriate use of opioids in the management of chronic pain
 - Define strategic plan and program parameters for national continuing medical education program on the management of chronic pain
 - Define content issues for development and inclusion
 - Establish tactics for effective distribution of materials to pain treatment specialists and physicians with a growing interest in the management of pain
 - Present core content suitable for publication as journal supplement



NPEC Steering Committee CME Program Launch Event

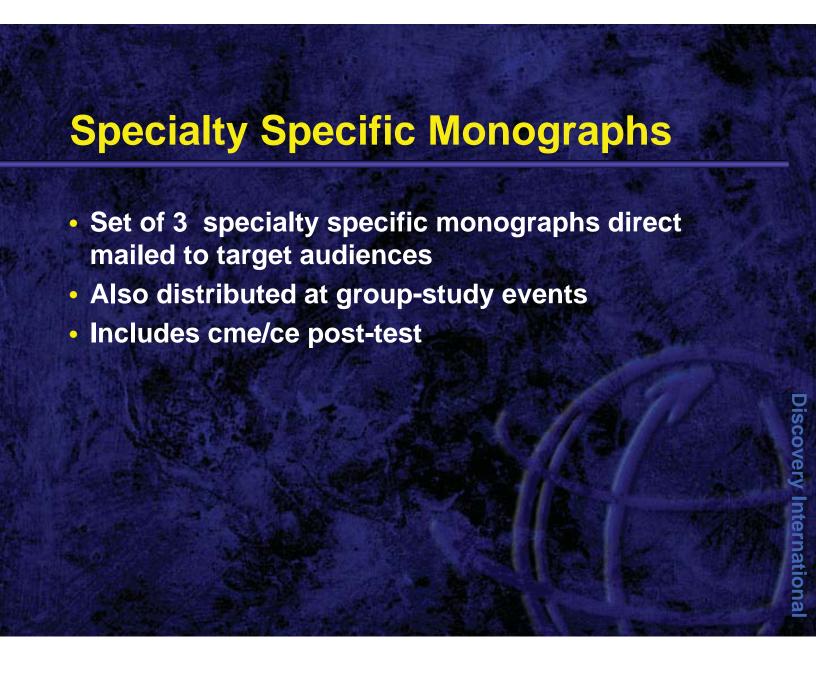
- Tentatively March 13 (immediately prior American Pain Society Congress)
- Baltimore, Maryland venue
- Conducted by Co-chairs (2) with participation from Executive Curriculum Committee (n=6) and Peer Review Committee (n=16)
- Objectives:
 - Announce timely and important new cme program on the management of chronic pain
 - Focus media on key issues the initiative will address
 - Capitalize on promotional and public relations opportunity with high visibility celebrity/politician endorsement
 - Unveil elements of program to press, distribute press releases and gather video news release footage

Announcement Package and Consensus Statement

- Direct mail package announces CME program
- Provides content overview and qualifies for cme credit
- Includes letter and audiocassette from Co-chairs inviting participation in program
- Describes the range of educational materials and programs to be conducted over the upcoming year
- Includes CD Rom with Consensus Statement from Core Curriculum Meeting and cme credit test, credit application and signup form

National Intractable Pain Examinations

- Two 32 page booklets enable participants to assess baseline and post-program knowledge
- Verifies learnings and identifies areas requiring further study
- Includes personal practice survey to assess changes in participants behavior
- Questions and answers provide opportunity to assess broad range of chronic pain management issues including perspectives on outside of label topics such as abuse potential



Congress Satellite Symposia

- Content for cme symposia derived from the national cme program
- Symposia separately titled and branded where necessary to achieve on-agenda status
- Symposia same-branded (as cme program) where conducted as satellite meetings at congresses to expand branding of program
- All symposia are aligned with CME initiative to assure key messages consistently delivered

NPEC CME Program Faculty Orientation Conferences

- 1. 2, 1 day regional meetings (Friday night arrival through Saturday evening departures) Note: assumes most faculty (75%) to be trained drive to venue on Saturday am
- Includes series of didactic scientific presentations and interactive case-study workshops to prepare cme program faculty/speakers (approx 100 total) to present cme medical education programs utilizing the NPEC CME slide kit and understand:
- Fentanyl patch technology and mechanism of action
- Conversion, dosing, and titration issues associated with fentanyl
- Ten years of safety and efficacy of fentanyl
- On-going clinical trial updates
- Assessment, treatment, and management of chronic pain patients
 - Fair balanced review of long-acting opioids
 - Dawn Data and implications for Abuse Potential
 - Limitations of current therapies for the treatment of chronic pain
- Incorporate JACHO guidelines for pain management into practice

NPEC CME Slide Kit

- 4-module slide kit provides NPEC faculty with ready access to presentation material for use in teaching and lecturing activities in a variety of local/regional venues for 2002.
- Kit components include:
 - Welcome letter from cme program co-chairs,
 - Approximately 100 35 mm slides and accompanying CD Rom,
 - NPEC mission statement, speakers notes, recommended slide combinations for select talks, laminated tabs, bibliography, and faculty information notes on cme program implementation, evaluations, etc
- Reproduction approximately 200 kits
- Distribution of final kits shortly post event to allow inclusion of trained faculty input

NPEC CME Local/Regional Saturday Seminars

- Approximately 48 Drive-to meetings conducted by 2 trained CME faculty Audience
- Audience participants (approximately 35)
 comprised of mix of pain specialists, primary care
 or oncology specialists all attendees drive to
 venue, faculty arrive night before
- Program lectures (CME) utilize CME slide kits and suggested speaker notes
- CME monographs distributed at each venue

NPEC CME Journal Supplement

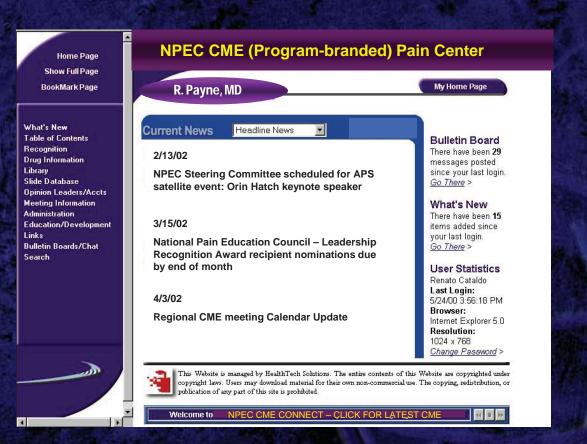
- Approximately 48 page supplement developed post Core Curriculum Meeting for submission to pain management journal
- Consensus Statement developed from Curriculum Meeting addresses contemporary concerns in the management of chronic pain and provides joint opinion from Core Curriculum faculty
- Presentations developed for Core Curriculum program form the primary scientific content for journal supplement publication
- Journal costs additional and determined at time of submission

NPEC CME Clinical Roundtables and Communiqués

- 4 quarterly closed roundtable meetings, 1 day, with 3 – 5 primary care, pain management, or oncology specialists at convenient airport locations
- CME program put into clinical perspective
- Enables program to address intervening issues that may arise after the Core Curriculum Meeting
- Series of 4 quarterly direct mail publications (12 pages each) summarizing the roundtable expert discussions
- Presented in Dialog or Q and A format to give voice to roundtable participants
- Includes side bar editorials on pertinent issues of interests to all target specialties

NPEC CME Program Web Site

- Web site archiving all CME/CE enduring material for ready access by all target audiences
- Features online submission and processing of CME exams and post tests
- Interactive case study learning
- Includes links to other key pain sites



Strategic Planning, Issues Management and Communications

Ongoing support for all Duragesic team projects including:

- Monitor and guide program implementation with emphasis on strategy on management of key issues
- Identify and recruit marketing insights for key opinion leaders
- Identify and facilitate negotiations for unique program or agenda opportunities (eg: APS) with key decision makers
- Participate in select client strategy and program development meetings
- Provide ad hoc program support (above and beyond budgeted programs) eg: recent FDA advisory panel support
- Develop communications supporting update of field on current and developing initiatives (eg: sales support videos and NPEC CME program)

Duragesic Speakers Training Meeting – Orlando FL; 2/8 – 10, 02

- 1. 1-1/2 day meeting (Friday night arrival through Sunday noon departure)
- 2. Includes series of didactic scientific presentations, presentation skills training and interactive case-study workshops to prepare speakers bureau faculty (approx 150) to present promotional medical education programs utilizing the Duragesic promotional slide kit and understand:
- Fentanyl patch technology and mechanism of action
- Conversion, dosing, and titration issues associated with fentanyl
- Ten years of safety and efficacy of fentanyl
- On-going clinical trial updates
- Assessment, treatment, and management of chronic pain patients
- Incorporate JACHO guidelines for pain management into clinical practice
 - Discussion of abuse issues in chronic pain management

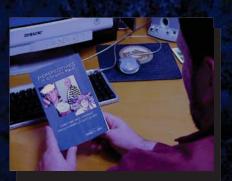
Duragesic Speakers Bureau Slide Kit

- Used in teaching and lecturing activities for a variety of promotional venues for 2002
- Promotional slide kit to be distributed at the speakertraining meeting in Orlando, Florida, February 8-10, 2002.
- Scientific content modules with approx 70 slides and accompanying speakers/lecture notes section - 35mm and CD-ROM media formats
- Includes complete bibliography of key references, suggested website resources, hyperlinks and possible inclusion of selected reprints
 - Leatherette embossed portfolio case 300 kits

Duragesic Speakers Bureau

- Manage the implementation of 2002 Duragesic local dinner meeting speaker bureau (approximately 2000 meetings)
- Necessary supporting actions:
 - Transfer all physician data from current vendor
 - Train discovery staff in nuances of Duragesic program
 - Develop and produce all communications for field and physician groups to efficiently transfer control of programs to discovery and ensure smooth implementation

- Three 10 minute videos, 2 case studies each (within label), to support hospital reps
- Utilized by reps in-hospital setting for education of physicians and nurses
- Packaging with invitations/posters for promotion
- Hand-outs for attendees
 - Case based summary brochures that reflect videotape content
- Reproduction as videotapes and DVDs







Therapeutic Decision Model

Key Objectives

- Measure the cost of untreated chronic pain within individual healthcare (academic or managed care) organizations or the cost of alternative therapies if data supports
- Deliver a strong value story for long acting opioids in general and Duragesic specifically. Duragesic, when used appropriately reduces the high costs of uncontrolled pain. It is the product that combines convenience with cost-effectiveness.
- Patients prefer the product, physicians need to appreciate it more, nurses and pharmacists need to adopt it. By documenting cost-avoidance the nurses and pharmacists can create leverage within their practice.

Therapeutic Decision Program

Description

- A series of local and regional workshops on decision analysis and the application of decision trees to making clinical decisions.
 - Half-day meeting with about 10 to 20 participants who interact with faculty and learn through case studies and hands on scenarios the application of decision analysis to clinical decision-making.
 - A decision tree is constructed to compare Treatment A to Treatment B in terms of
 efficacy and safety. (Could also compare Treatment to No Treatment or examine
 the costs of uncontrolled pain.) Faculty who are recognized experts in Decision
 Analysis will lead the participants through an exercise of building a decision tree
 either on paper or using computers loaded with decision tree software (TreeAge).
 - Allows participants to perform what if scenarios by changing the rates of efficacy, side effects or costs. Physicians respond well to these sessions. It mimics a clinical trial which compares treatment approaches.
 - As a follow-up value added extension Jannsen could maintain a website with downloadable decision trees that could be used by participants for other therapies.
 - Discovery has existing relationships with faculty at the University of Texas,
 University of South Carolina, Northeastern in Boston, Northwestern in Chicago,
 and Baylor College of Medicine supporting Decision Tree Models

- Key Objective
 - Prepare targeted physicians for launch of DTP advertising
- Description
 - Letter from Janssen explaining the program rationale plus tear sheets and/or samples of program materials
 - Healthcare provider information on chronic pain management, which is consistent with and reinforces the messages of the NCC Campaign (within labeling)

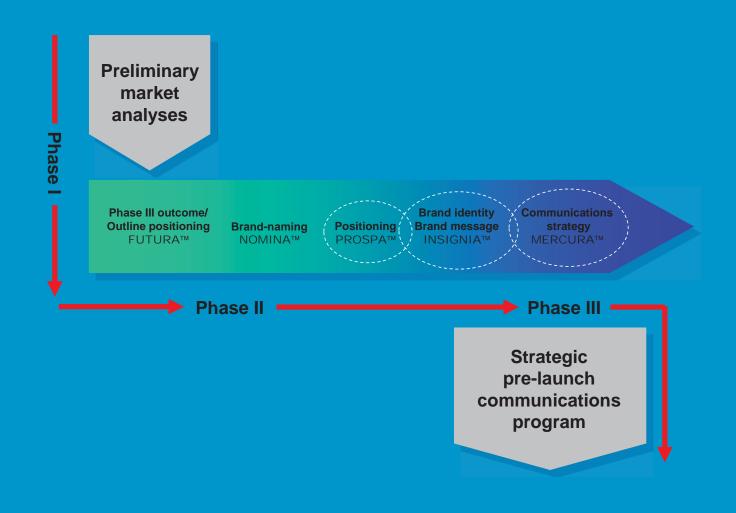
Outreach Programs

- Grand rounds
 - Institution centered programs n centers of excellence; promotional education venues
- Preceptorships
 - Physicians training Physicians
 - Leverage unique relationships Brookoff
 - Build long term relationships that are connected through email and website interactions
 - Outcome: enhanced KOL involvement and outreach to new customers

Postioning and Messaging

- Key Objective
 - Begin preparing for the introduction of line extensions, etc
 - Develop positioning and message scenarios that support the new low-dose, matrix formulations, and project Block
 - Gain insights now that may be useful and guide current and near-term positioning with existing doses
 - Engage in a "war games" exercise to develop positions and messages that niche new entrants and current competitors
- Description
 - Positioning (PROSPA) workshop
 - Messaging (MERCURA) workshop

EXCELERATATM

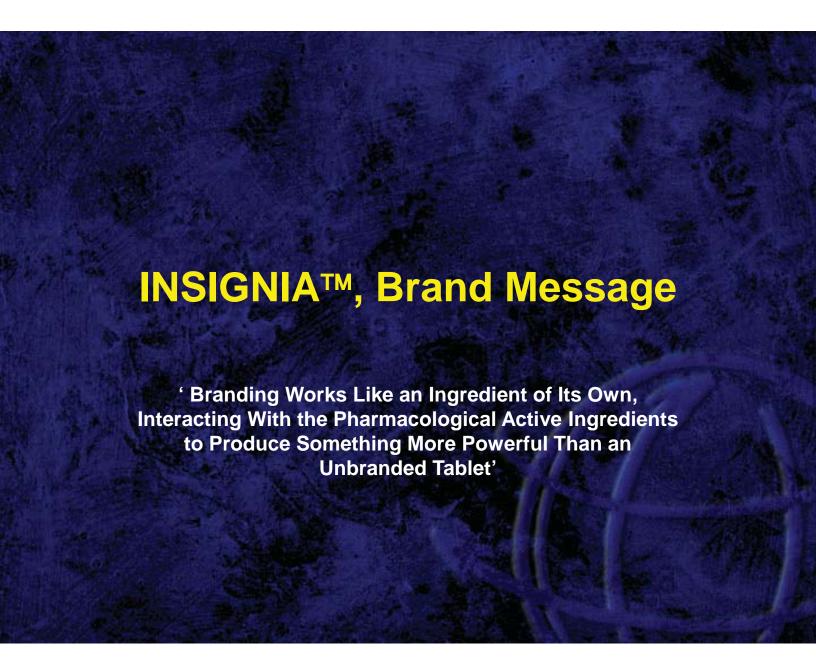






- Identify the key issues
- Competition
- Test the SWOT and research it
- Target customer identification and ranking
- Check against positioning options
- Messages and their prioritization and assignment
- Develop the matrix

Mercura[™] **POSITIONING** Strengths Phase IIIb / **CSFs SWOT Current activities** Key messages If not, **Comprehensive Tactical Plan** how to support Reference the messages? Education Program Strategic Map, Example of Artificial Blood Message by audience Audience 1 Audience 2 Etc... **Priority and** chronology Activity / Vehicle for message



INSIGNIA™, Brand Message

